Participation Agreement / Waivers
Summer Recreation Camps

Participation Agreement: I give permission for my child to participate in the New Castle County Summer Recreation Camp Program. I agree that my child will abide by all rules and regulations adopted and published by New Castle County relating to the operation and conduct of the program and the use of the facilities provided for the program. I understand that the failure of my child to observe these rules and regulations may result in his/her exclusion from participation in the program and a forfeit of all registration fees paid to the program.

Photo Consent: I hereby give permission for images of my child, captured during regular camp activities through video, photo and digital camera, to be used solely for the purposes of New Castle County in promotional materials and publications, including the New Castle County website, and I further agree to waive any rights of compensation or ownership thereto.

O Yes **O** No Initials

Swimming Consent: I give my consent for my child to participate in swimming activities during the summer camp program. I understand that all swimming activities will be conducted under the supervision of a certified life guard and that my child's participation in any swimming event is done at his/her own risk.

O Yes **O** No Initials

Transportation Consent: I give my consent for my child to participate in any off-site activity during the summer camp program. Transportation to and from these activities will be provided via school bus or van which will be under the supervision of at least two (2) camp staff members.

O Yes **O** No Initials

Discipline Policy: In order to provide a rewarding camp experience to everyone, it is important that your child behave appropriately. In the event that disciplinary action is warranted, the following steps will be taken:

1st incident: to the best extent possible, the child will be removed from other campers to a one-on-one setting with a camp staff member. The child will receive an explanation as to why their behavior was inappropriate and will receive a verbal warning.

2nd incident: camp staff will determine an appropriate consequence for the child's action. This may include restriction from further activity or quiet time away from other campers. The child's parent/guardian will be notified of the behavior problem.

3rd incident: the child will be removed from camp.

For incidences involving serious misconduct (including but not limited to bullying, intimidation of fellow campers, fighting, etc...) the parent/guardian will be required to pick up the child. Camp Administrators will determine the appropriate disciplinary action and the child will not be permitted to return to camp until a meeting can be arranged between camp staff, the parent/guardian, and the child.

Any child removed from camp for misconduct will forfeit all registration fees. No refunds will be given.

O Yes **O** No Initials

YOUTH WAIVER AGREEMENT:

I give permission for my child to participate in a Recreation Program sponsored by New Castle County that he/she is currently registering for with the Department of Community Services. I agree that my child will abide by all rules and regulations adopted and published by New Castle County relating to the operation and conduct of the program and the use of the facilities provided for the program. I understand that the failure of my child to observe these rules and regulations may result in his/her being excluded from participation in the program.

I represent that my child is physically able to participate in the program. I fully understand that his/her participation may entail the risk of physical injury. I agree to waive any claim of any kind whatsoever, whether resulting from an injury or otherwise, and further agree to release, indemnify, and hold harmless the program, New Castle County, and their respective directors, officers, employees, agents and/or representatives from any and all liability occurring as a result of his/her participation in the program.

I will be personally responsible for any financial costs incurred as a result of his/her participation in the program, including, without limitation, transportation and/or medical expenses incurred as a result of any injury. Furthermore, I understand that New Castle County assumes no liability for lost, misplaced, stolen, and/or damaged property and I hereby agree to release New Castle County from such liability. **The undersigned has read & voluntarily signed this waiver slip.**

Child's Name (print) _____ Date of Birth _____ Program _____

Address _____ Home Phone _____ Work Phone _____

Father/Guardian _____ Mother/Guardian _____ Date _____